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Jun 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J58058 (5)

1. Corporation Name

BOCA ONE STREET, INC.

Principal Place of Business

875 NW 108TH LANE
CORAL SPRINGS FL 33071

Mailing Address

875 NW 108TH LANE
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified
02/17/1987

3a. Date of Last Report
07/15/96

2. Principal Place of Business

21 5200 NE 33rd AVE

Suite, Apt. #, etc.

2a. Mailing Address

26 5200 NE 33rd AVE

Suite, Apt. #, etc.

4. FEI Number
65-0185187

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

23 Ft. LAUDERDALE

City & State

28 Ft. LAUDERDALE, FLA

Zip

24 FLA

Country

25 BROWARD

Zip

29 33308

Country

30 BROWARD

9. Name and Address of Current Registered Agent

BRANSFIELD INVESTMENTS
875 NW 108TH LANE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

B1 Name

ARLETTE SPANIAK

B2 Street Address (P.O. Box Number is Not Acceptable)

5200 NE 33rd AVE

B3

B4 City

Ft. LAUDERDALE

FL

B5 Zip Code

33308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

ARLETTE SPANIAK

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Arlette Sp... B

4/23/97

12. OFFICERS AND DIRECTORS

TITLE

D

☒ DELETE

NAME

BRANSFIELD, DENISE

STREET ADDRESS

875 NW 108TH AVE.

CITY - ST - ZIP

CORAL SPRINGS FL 33071

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☒ Change ☐ Addition

1.2 NAME

CONNIE SPILOTROS

1.3 STREET ADDRESS

5200 NE 33rd AVE

1.4 CITY - ST - ZIP

Ft. LAUDERDALE, FLA 33308

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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6/2/97

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CONNIE SPILOTROS

Connie Spilotros

April 23, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr